

IDAHO PHYSICAL THERAPY LICENSURE BOARD
Idaho Bureau of Occupational Licenses
700 West State Street, PO Box 83720
Boise, Idaho 83720-0063
Phone: (208) 334-3233 Fax: (208) 334-3945
Website: www.ibol.idaho.gov E-mail: pht@ibol.idaho.gov

EDUCATION APPROVAL APPLICATION

☐ **INITIAL COURSE APPROVAL** ☐ **COURSE RENEWAL**

This is a "request for approval" application for pre-licensure education, or continuing education offerings. It must be completed in its entirety. If additional space is needed, add separate pages and note the corresponding item number on your response. Please submit this completed form and supporting documents to the address noted above. The Board may approve only those which meet the requirements of Idaho Law and/or Rule. Please review the requirements under the Board's website at www.ibol.idaho.gov before submitting your request.
Please note: Questions 12 through 15 apply only to dry needling courses.

Course, Seminar, or Conference Title: _____

1. Sponsoring Organization or Institution: _____

2. Applicant Contact information:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

3. Date(s) and Locations of offerings:

From	To	Locations:
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Requested End Date _____ (if same course will be offered by the same instructor in the future)

4. What best identifies the educational experience?

☐ Lecture ☐ Conference ☐ Workshop ☐ Home Study ☐ Distance Learning

5. List three (3) course objectives relative to the field:

6. Exact hours per day the course is scheduled to run (attach a timed outline): _____

7. Total continuing education contact hours requested: _____

8. List name(s) of instructors (attach a resume for each instructor outlining their qualifications, education, experience, and license number).

9. Provide the name of attendance officer, and the method of certifying/assuring attendance, and who maintains original attendance records for verification? (Attach a copy of the attendance certificate that will be provided to each attendee. The licensee is required to maintain proof of attendance.)

10. Is an examination or certification part of the course? ☐ YES ☐ NO

11. Attach a course agenda. Please note, additional information may be requested by the Board following its initial review.

The following items are to be completed for dry needling courses:

12. Does this course include the required minimum of 27 hours of in-person instruction? ☐ YES ☐ NO

13. Does this course include a minimum of 16 hours of hands-on application of dry needling techniques?
☐ YES ☐ NO

14. Does this course include instruction and training on indications/contraindications for dry needling, safe needling technique, and blood borne pathogens? ☐ YES ☐ NO

15. Does this course require successful completion of an assessment of proficiency of dry needling, which includes a practical demonstration of the physical therapist's dry needling skills? ☐ YES ☐ NO

Upon completion, this application must be **printed in hard copy and signed and notarized**. Submit the completed application together with all of the requested supporting documentation to the Bureau of Occupational Licenses at the address noted.

EDUCATION APPROVAL APPLICATION AFFIDAVIT

I hereby certify that all information listed on this application and on the attached material is true and correct; that the proposed training is described accurately and completely; and that nothing has been omitted. I understand that the Board may request additional information and may delay or deny this application should requested information not be received.

Print name: _____ Title: _____

Signature of Applicant:

State of _____, County of _____, ss

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public Official Signature

My Commission Expires _____

(seal)